

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-40  
-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

28208

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Cardwell  
(c) Name of hospital or institution Cardwell, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 1 years, months or days)

3. (a) PRINT FULL NAME

Lony Mae Black

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased

December 11 1928  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

12

5

11

hr.

min.

9. Birthplace

Mauldin  
(City, town, or county)

Arkansas  
(State or foreign country)

10. Usual occupation

11. Industry or business

Ulysses Black

12. Name

Ulysses Black

13. Birthplace

Houston  
(City, town, or county)

Ark  
(State or foreign country)

14. Maiden name

Cara Ovella Francis

15. Birthplace

Batesville  
(City, town, or county)

Ark.  
(State or foreign country)

16. (a) Informant

Ulysses Black

(b) Address

Cardwell, Mo., R.T. 1

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

May 23-41  
(Month) (Day) (Year)

(c) Place: burial or cremation

Cardwell Cemetery

18. (a) Signature of funeral director

A. J. Emerson

(b) Address

Paragard, Ark.

19. (a)

8-28-41  
(Date received local registrar)

M. C. Glasgow  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin  
(c) City or town Cardwell  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.T. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1941 hour 7 minute 10:45 AM

21. I hereby certify that I attended the deceased from May 9  
1941, to May 22, 1941;  
that I last saw her alive on May 22, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction  
Duration 2 days

Due to Intestinal Obstruction  
Due to Intestinal Obstruction

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Glasgow, M.D. (M. D. or other)  
Address Cardwell Date signed 5-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 941-1183

Date Filed 9/2/41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.